

Adult Day Health Care Transportation (age 21 and over)

Definition: The Adult Day Health Care Transportation service is prior-authorized for participants receiving the Adult Day Health Care (ADHC) service, who reside within fifteen (15) miles of the ADHC center. Transportation will be provided using the most direct route, door-to-door, from the center to the participant's place of residence or other location, as agreed to by the provider and as indicated on the service authorization.

Please see: Scope of Services for Adult Day Health Care Transportation

Service Limits: This service is limited to participants who reside within fifteen (15) miles of the ADHC center.

Participants who receive Residential Habilitation paid at a daily rate cannot receive this service because the Residential Habilitation provider is responsible for transporting to and from the ADHC center.

Providers: Adult Day Health Care Transportation is provided by centers/agencies contracted with SCDHHS to provide Adult Day Health Care Services under the MR/RD Waiver.

Arranging for and Authorizing Services: Once it is determined that the participant lives within fifteen (15) miles of the Adult Day Health Care center and is in need of transportation, the Service Coordinator should update the participant's Support Plan to include the need for the service and update the MR/RD Waiver budget, requesting Adult Day Health Care Transportation Services (S95). Once approved, the service can be authorized, using the Authorization for Adult Day Health Care Transportation (MR/RD Form 37).

For participants receiving MR/RD Waiver-funded Residential Habilitation (paid at an hourly rate), providers should bill the Financial Manager for services rendered. For all other participants, providers should bill the South Carolina Department of Health and Human Services.

The provider must report any changes in the participant's status that affect eligibility for the Adult Day Health Care Transportation service (e.g. the participant moves and no longer resides within fifteen (15) miles of the center; family member transports; etc.).

The Authorization for Adult Day Health Care Transportation (MR/RD Form 37) will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care Center or until services are terminated.

Monitoring Services: The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Adult Day Health Care Transportation:

- Services should be monitored at least once during the first month of service.
- Services should be monitored at least once during the second month of service.
- Services should be monitored at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring should start over as if it is the start of service any time there is a change of provider.
- This service may be monitored during a contact with the participant/family or service provider. It may also occur during review of written documentation at the Adult Day Care Center or during an on-site visit.

Some questions to consider during monitoring include:

- ❖ Is the participant satisfied with the Adult Day Health Care Transportation?
- ❖ What type of vehicle is used to transport the participant (i.e. enclosed vehicle with adequate ventilation, heat, air conditioning and provision for wheelchair-bound participants)?
- ❖ Is the Adult day Health Care Transportation meeting the participant needs?
- ❖ How often does the participant receive Adult Day Health Care Transportation?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

AUTHORIZATION FOR ADULT DAY HEALTH CARE TRANSPORTATION

☐ **BILL TO S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES** (include Prior Authorization # below)

☐ **BILL TO FINANCIAL MANAGER:** _____

TO: _____

You are hereby authorized to provide Adult Day Health Care Transportation (A0120) for:

Participant's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Medicaid #: _____

Social Security #: _____

Only the number of units rendered maybe billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # _____

Start Date: _____

Authorized Total: ____ Units per week (One unit = one day of ADHC transportation)

Pick up/drop off Location:

☐ **Home**

☐ **Other:** _____

Service Coordination Provider: _____ **Service Coordinator Name:** _____

Address: _____

Phone # _____

 Signature of Person Authorizing Services

 Date